	143
ARIZONA STATE B BUREAU OF VIT 1. PLAGE OF BIRTH STANDARD GERTH	TAL STATISTICS Registered No.
θ_{i} .	State aizona
District or Township or Village Ward	
2. Full name of child Velma Louise	rred in a hospital or institution, give its NAME instead of street and number) On autilia [If child is not yet named, make supplemental report, as directed]
3. Sex of Child To be answered ONLY in event of plural births. To be answered ONLY 4. Twin, triplet or other.	of birth
8. FATHER Full name albert Edward Franklin	14. Full melden name Elle Mae Stackard
O. Residence (Usual place of abode) Globe: Augoria If non-resident, give place and state.	15. Residence (Usual place of abode) Herry If non-resident, give place and state.
10. Color or race White 11. Age at last birthday. 39 (Years)	16. Color or race Coh. Ce 17. Age at last birthday 35 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place). Melly, Colorado (State or country)
13. Occupation Nature of industry Oappe	19. Occupation Nature of Industry Nature of Industry
(Taken as of time of birth of child herein (b) Born ative by certified and including this child.)	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*, Jo Om, on the date above stated. I hereby certify that I attended the birth of this child, who was (Born alive or emillosin.)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from a supplemental report. Month, day, year Filed W y 19 19 Registrar	
5 65 - 1/14-52-4	Registrar